**Respiratory Research Centre Conference Support Fund Application Form**

Please fill out this form and submit it electronically to Britney Duncan at [britney.duncan@usask.ca](mailto:britney.duncan@usask.ca). Any questions about the Conference Support Fund, the application process, or this form can also be directed to Britney Duncan.

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| LAST NAME: | FIRST NAME: | | | | |
| DEPARTMENT: | COLLEGE: | | | | |
| OFFICE ADDRESS: | TELEPHONE: | | | | E-MAIL ADDRESS: |
| ACTIVE RRC MEMBER:  Yes  No *(Signed Terms of Reference must be attached)* | | | | | |
| Role of RRC Member in Planning/Conference Coordination  Chair/Co-Chair  Planning/Steering Committee Member | | | | | |
| **CONFERENCE SUMMARY** | | | | | |
| CONFERENCE TITLE: | | | | | |
| START DATE (DD/MM/YR): | | END DATE (DD/MM/YR): | | | |
| LOCATION (must be in Saskatchewan): | | | | | |
| **TYPE OF CONFERENCE** | | | | | |
| PRIMARY FOCUS:  Research  Teaching  Administrative | | | | | |
| PRIMARY AUDIENCE:  Faculty  University Students  Administrative  Other *(describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| SCOPE (Audience is primarily:)  International  National  Provincial  University-wide | | | | | |
| EVENT PURPOSE:  Academic Engagement  Administrative Engagement  Community Outreach & Engagement  Promotional | | | | | |
| Please estimate the expected number of conference participants: | | | | | |
| Is this a regularly held conference?  Yes  No | | | Annually  Biennially  Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Does this conference have a respiratory health focus:  Yes  No | | | | Please provide theme : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **STUDENT ENGAGEMENT** Please describe plans to engage students (I.e. level of involvement of students in planning/presenting, invitations of students outside of the University of Saskatchewan, etc.) If no plans to engage students, please explain. | | | | | |
|  | | | | | |
| **BRIEF DESCRIPTION OF CONFERENCE** Please indicate the nature, purpose, importance, and relevance to the RRC. Be sure to also include plans to recognize RRC funding, if awarded (Attach conference brochure or supporting documentation, **Please note:** Draft materials acceptable) | | | | | |
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| **ANTICIPATED REVENUE:** | | |
| **Amount requested from the *RRC Conference Support Fund: (a)***  **GRADUATE STUDENT** | $ | |
| Describe how funds will be used. |  | |
| Anticipated Registration Fees ***(b)*** | $ | |
| Confirmed Sources of Financial Support  **Source:** **Amount Requested Amount Confirmed**  College $ $  **Total *(c)*** | |  |
| Requested (unconfirmed) Sources of Financial Support  Source Amount Requested    **Total *(d)*** | |  |
| **TOTAL ANTICIPTATED REVENUE: (a + b + c + d) TOTAL *(e)*** | | **$** |
| **PROJECTED EXPENSES** (Append details for all.) | | | |
| Speaker(s) related costs (Honorarium, travel, per diem, accommodation)  FIELD WORK | |  | |
| Promotion and dissemination | |  | |
| Administration | |  | |
| Equipment Rental | |  | |
| Space Rental | |  | |
| Local Transportation | |  | |
| Refreshments / Catering | |  | |
| Other (please specify) | |  | |
| Other (please specify) | |  | |
| **TOTAL ANTICIPATED EXPENSES *(f)*** | |  | |
| **ANTICIPATED SURPLUS OR DEFICIT*: ( e - f = Surplus or Deficit )*** | | **$** | |
| **Indicate how surplus conference generated funds will be used:** | |  | |
| **CONFIRMED IN-KIND SUPPORT** | | | |
| Type of Support Estimated Value Source | | | |
| **SIGNATURE OF APPLICANT:**  *If application is sent electronically as an attachment, no signature of applicant is required)* | | | |